

## PART B—ISSUE FEE TRANSMITTAL

242-0002-00  
201-33-00

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

## 1. CORRESPONDENCE ADDRESS

18M170806

E. JOSEPH GESS  
BURNS DOANE SWECKER & MATHIS  
P O BOX 1404  
ALEXANDRIA VA 22313-1404

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

## INVENTOR'S NAME

RECEIVED  
Publishing Division

City, State and Zip Code

NOV 06 1997

## CO-INVENTOR'S NAME

Street Address

11

City, State and Zip Code

 Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/476,275	06/07/95	014	SCHWADRON, R	1816 08/06/97
First Named Applicant	ANDERSON,		DARRELL R.	

**TITLE OF INVENTION**  
THERAPEUTIC APPLICATION OF CHIMERIC AND RADIODIALEOLED ANTIBODIES TO HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT OF B CELL LYMPHOIMA

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 012712-155	424-133.100	021	UTILITY	YES	\$645.00	11/06/97

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

BURNS, DOANE, SWECKER  
1 & MATHIS, LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:  
IDEC PHARMACEUTICALS CORPORATION

(2) ADDRESS: (CITY & STATE OR COUNTRY)  
San Diego, California

A.  This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.  
 Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.  
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## 6a. The following fees are enclosed:

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6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 02-4800

(ENCLOSE A COPY OF THIS FORM)

Issue Fee  Advance Order - # of Copies \_\_\_\_\_

Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *John L. Teskin* (Date) 11-06-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

## Certificate of Mailing

Robin L. Teskin, Reg. No. 35,030

Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE

Assistant Commissioner for Patents

11/06/1997 CASHY 00000151/M0007525 D.C. 20231

66.00  
33.00

66.00  
33.00

(Date)

(Name of person making deposit)

(Signature)

(Date)